

74  
10-201

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	h		
O.I.P.E. CLASSIFIER		2/3	8/20/01
FORMALITY REVIEW	sh	1124	10/01/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	6/2/01
2	6/2/01
3	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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